MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

<u>=63=019253</u>

DEP	\RTN	EN'	T'OF	PUL	BLIC	C HEALTH AND WELFARE 43 Primary Registration District No. 155-9. STATE FILE NUMBER STATE FILE NUMBER	-
DO NOT WRITE ON THIS STUB	E AMENDED I			Į	Re	FILED MAY 21 1969	_
VS 300 Rev. 4/59	NDED				1.	PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY Butler b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits	_
10/28	r DATE AMENDED				-	About flown Poplar Bluff Mo. c. Full Name of (if NOT in hospital, give location) HOSPITAL OR Lucy Lee Hospital INSTITUTION Lucy Lee Hospital About flown Poplar Bluff Mo. Vears Inside Limits Yes No. OR Poplar Bluff Mo. Very No. OR Poplar Bluff Mo.	'n
² 0/28	<u>- à</u>	+	+	 	3.	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year	<u> </u>
			1		1	(Type or print) Morris Slaughter DEATH April 20th 1963	un-
5 0			1		N	5. SEX 6. COLOR OR RACE 7. Married Never Married No. DATE OF BIRTH Widowed Divorced 12-9-1912 50 No. Days Hours Min No. Days Hours Min No. Days No. D	n.
<u> </u>	§ es				10a	08. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	Υ ΄΄
	FOLLOW				134	Frank Slaughter 13b. MOTHER'S MAIDEN NAME Frank Slaughter 13b. MOTHER'S MAIDEN NAME None	_
8 4 1	& ત્ર			† 1		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9451X	¥				(Ye	(es, no. pr unknown) (If yes, give war or dates of servi NO. Tom Slaughter Piggott Ark. 1 18. CAUSE OF DEATH (Enter only one cause per line to tall to the total of the total	
10	₹ □			MEN	1	18. CAUSE OF DEATH (Enter only one cause per line to tall to t	
123-0	S RECO			DOCU		Conditions, if any, which gave rise to above cause (a). Massive dissecting aneurysm of the descending abdominal aorta.	-
1-01	ᇎ	+	+	† 1	1	stating the under- lying cause last. DUE TO (c)	
	S				CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
!	AMENDMENT					19. WAS AUTOPSY PERFORMED? YES NO 28 19 19 19 19 19 19 19 1	
y Q	AME	,			MEDICAL	20c. TIME OF Houl Month; Day, Year INJURY a.m. p.m.	
USE BLACK INK OR TYPEWRITER RIBBON					Š	20d. INJURY OCCURRED WHILE AT WORK 100 Mile AT WO	
	READ			•		21: Patrended the deceased from 1:15 P. M. and last saw her him alive on 4-20-63 Death occurred at 1:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.	_
	SHOULD			VIT OF		22a. SIGNATURE (Degree or title) (Degree or title) M.D. 22b. ADDRESS Poplar Bluff Mo. (Suppl	NED
-	Q Z		1	AFFIDAV	23.	REMOVAL (Specify) REMOVAL (Specify) 1 - 22 - 6 R Oak Ridge Cemetery Kennett Mo.	_
	3			BY AFF		4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
j	<u> </u> ±	: -	l I	ico l	١	Lentz Service Kennett Mo. 3/16/1945. Juliane January	=

- 22 mg () O - (The state of the s	•	•				
±1.0 • €	wialdri Diuly mei	•	្ឋាន ១៤ឆ្នាំ <u> </u>	ా కోటి. కొ •ం కోమమిక అంద్		.•) s
v.,	CO Subst		***** *****	fod Instit	M sel 1,02	,	· ·
ee in lat	•	mor religi	i.	e in	70 ' 51:	o	
• ÷• *• ⁷⁷		dalamas.	m.c Solvajilo	:		d əlmən	-
.p/gA luc	Pia no	danest wer	эрт		NX	•of .	
		STAT	EMENT BY LICENS	SED EMBALMER			
or by	· 	t the body whose na	ime is recorded o	n the reverse sid		ate was embalmed	by me,
working : Student	under my personal Signature	of Student Embelmer	c: Sign	ned Ed	Licensed Embalm	See 57 ner No. 4433	ZN D
		•			•	Kennett Mo.	
with the If	above constitutes of embalmed by a S	MUST BE SIGNED BY grounds for revocation TUDENT, he also shall mbalmed, fact should	of license). I sign in his OWN	handwriting.		England	comply

Sensa from view ... Mange SV to